



SPRING GROVE AREA SCHOOL DISTRICT
SPRING GROVE, PA 17362

ENGLISH LANGUAGE DEVELOPMENT INFORMATION FORM

Student's Full Name: _____ Grade: _____

School Building: ___ High School ___ Middle School ___ Intermediate School
___ New Salem Elementary ___ Paradise Elementary ___ Spring Grove Elementary

Sex: ___ F ___ M Date of Birth: _____ Place of Birth: _____

Dominant Language of Student: _____

Full Address: _____
Street City, State, Zip Code

Phone Number: _____ Email: _____

Form Completed By: _____ Relationship to Student: _____

A. GENERAL BACKGROUND

1. What country is the student from? _____
2. When did the student come to the U.S.? _____ To this area? _____

B. EDUCATIONAL BACKGROUND

Please complete the following table for the student. Indicate if the student moved schools, states, or countries during a school year.

Grade	State (City & School if PA)	Country	Primary Language of Instruction	Dates
Pre-K				
K				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

1. Has the student ever repeated a grade? _____
2. Does the student currently receive any special services in school? ___ **Yes** ___ **No**
If yes, please identify: _____
3. Has the student ever studied English? _____ Where? _____ How long? _____

C. BACKGROUND

This information is essential to provide meaningful instruction for all students. Please complete the following questions concerning your child:

1. What language does the child speak to his/her mother most of the time: _____
To his/her father: _____ to his/her brothers and sisters: _____
What language does the child read? _____
2. What language does the child write? _____

PLEASE CHECK YES or NO:

4. ___ **YES** ___ **NO** Do you have any concerns about your child's English language abilities?
5. ___ **YES** ___ **NO** Do you ever have trouble understanding your child's speech?
Explain: _____
6. ___ **YES** ___ **NO** Is your child's language development progressing as rapidly as the language development of your other children?
7. ___ **YES** ___ **NO** Do other people find it difficult to understand your child's speech?
8. ___ **YES** ___ **NO** Does your child have difficulty answering questions or following directions?
9. ___ **YES** ___ **NO** Is this student a Native Alaskan, Native American, or Native Hawaiian?
10. ___ **YES** ___ **NO** Is this student's language influenced by a Tribal language through a parent, grandparent, relative, or guardian?

PLEASE CHECK: ALWAYS, OCCASIONALLY, OR NEVER

11. When at home, how often does this student hear a language other than English?
___ *Always* ___ *Occasionally* ___ *Never*
12. When at home, how often does this student speak a language other than English?
___ *Always* ___ *Occasionally* ___ *Never*
13. When interacting with their parents or guardians, how often does this student hear a language other than English?
___ *Always* ___ *Occasionally* ___ *Never*
14. Within the last 12 months, when interacting with caregivers other than parents/guardians, how often did this student hear a language other than English?
___ *Always* ___ *Occasionally* ___ *Never*
15. When interacting with siblings or other children in their home, how often does this student hear or use a language other than English?
___ *Always* ___ *Occasionally* ___ *Never*